



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 13868		2. Name of Corporation Executive Benefit Planners, Inc.			
3. Street Address Principal Business Office 9447 Oak Strand Drive			City Bonita Springs	State FL	Zip 34135
4. Business Phone No. 239-390-1666		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Dealing in pension and profit-sharing plans of all kinds; dealing in the sale of insurance of securities; and dealing in the purchase, sale and lease of all real estate					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Everett Berlinsky			Vice President Name Everett Berlinsky		
Street Address 9447 Oak Strand Drive			Street Address 9447 Oak Strand Drive		
City Bonita Springs	State FL	Zip 34135	City Bonita Springs	State FL	Zip 34135
Secretary Name Everett Berlinsky			Treasurer Name Everett Berlinsky		
Street Address 9447 Oak Strand Drive			Street Address 9447 Oak Strand Drive		
City Bonita Springs	State FL	Zip 34135	City Bonita Springs	State FL	Zip 34135
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Everett Berlinsky			Director Name		
Street Address 9447 Oak Strand Drive			Street Address		
City Bonita Springs	State FL	Zip 34135	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 Common No Par Value			10 shs	A	No Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Everett Berlinsky 1/2/10
Signature Date

Everett Berlinsky

Print or Type Name

President

Title

File Date	FILED
Check No	JAN 08 2010
By	7825
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